

Pest Control Recommendation

1. Operator of the Property		2. Recommendation Expiration Date	
Address		City	County
3. Location to be Treated			
4. Commodity to be Treated		5. Acres or Units to be Treated	
6. Method of Application: <input type="checkbox"/> Air <input type="checkbox"/> Ground <input type="checkbox"/> Fumigation <input type="checkbox"/> Other _____		7. Pest(s) to be Controlled	
8. Name of Pesticide(s)	Rate Per Acre or Unit	Dilution Rate	Volume Per Acre or Unit
9. Hazards and/or Restrictions: <input type="checkbox"/> 1. Highly toxic to bees <input type="checkbox"/> 2. Toxic to birds, fish and wildlife <input type="checkbox"/> 3. Do not apply during irrigation or when run-off is likely to occur <input type="checkbox"/> 4. Do not apply near desirable plants <input type="checkbox"/> 5. Do not allow to drift onto humans, animals, desirable plants or property <input type="checkbox"/> 6. Keep out of lakes, streams and ponds <input type="checkbox"/> 7. Birds feeding on treated area may be killed <input type="checkbox"/> 8. Do not apply when foliage is wet (dew, rain, etc.) <input type="checkbox"/> 9. May cause allergic reaction to some people <input type="checkbox"/> 10. This product is corrosive and reacts with certain materials (see label) <input type="checkbox"/> 11. Closed system required <input type="checkbox"/> 12. Restricted use pesticide (California and/or Federal) <input type="checkbox"/> 13. Hazardous area involved (see map and warnings) <input type="checkbox"/> 14. Other (see attachment)		10. Schedule, Time or Conditions 11. Surrounding Crop Hazards 12. Proximity of Occupied Dwellings, People, Pets or Livestock 13. Non-Pesticide Pest Control, Warnings and Other Remarks 14. Criteria Used for Determining Need for Pest Control Treatment: <input type="checkbox"/> Sweep Net Counts <input type="checkbox"/> Leaf or Fruit Counts <input type="checkbox"/> Preventive <input type="checkbox"/> Field Observation <input type="checkbox"/> Pheromone or Other Trap <input type="checkbox"/> Soil Sampling <input type="checkbox"/> History <input type="checkbox"/> Other	
15. Crop and Site Restrictions: <input type="checkbox"/> 1. Worker reentry interval _____ days <input type="checkbox"/> 2. Do not use within _____ days of harvest/slaughter <input type="checkbox"/> 3. Posting required <input type="checkbox"/> Yes <input type="checkbox"/> No _____ days <input type="checkbox"/> 4. Do not irrigate for at least _____ days after application <input type="checkbox"/> 5. Do not apply more than _____ application(s) per season <input type="checkbox"/> 6. Do not feed treated foliage or straw to livestock <input type="checkbox"/> 7. Plantback restrictions (see label) <input type="checkbox"/> 8. Other (see attachment)		<div style="position: relative; width: 100%; height: 100%;"> <div style="position: absolute; top: 0; left: 50%; transform: translate(-50%, 0);">N</div> <div style="position: absolute; bottom: 0; left: 50%; transform: translate(-50%, 0);">S</div> <div style="position: absolute; left: 0; bottom: 50%; transform: rotate(-90deg);">W</div> <div style="position: absolute; right: 0; bottom: 50%; transform: rotate(90deg);">E</div> </div>	
16. I certify that alternatives and mitigation measures that would substantially lessen any significant adverse impact on the environment have been considered and, if feasible, adopted.			
Adviser Signature _____ Date _____			
Adviser License Number _____			
Employer _____			
Employers Address _____			

Explanation and Instructions For Completing the Written Recommendation

1. Include the name and address of the grower, agency or firm for whom the recommendation is written.
2. Include the date the recommendation expires.
3. Provide information on how to locate the property or site to be treated.
4. Indicate the commodity, crop or site to be treated.
5. Indicate the total acres or units to be treated.
6. Check the box adjacent to the method of application.
7. Identification of pest or pests to be controlled by recognized common name.
8. Name of pesticide (common name or trade name), dosage rate per acre or other units, dilution rate and volume per acre.
9. Check the box adjacent to the applicable hazard(s) and/or restriction(s).
10. Indicate the schedule, time or conditions for the application in relation to temperature, time of day, irrigation, etc. Also, include any label restrictions on use or disposition of crop or crop by-product.
11. Indicate any surrounding crops that may be sensitive to the recommended treatment.
12. Identify any occupied dwellings, fieldworkers, pets or livestock in the proximity of the treatment area.
13. Indicate any non-pesticide substance, pest control method or device that will be used to control pest(s). Warning of the possibility of damages by the pesticide applicator that reasonable should have been known to exist at the time of the recommendation.
14. Check the box adjacent to the criteria used for determining need for pest control treatment.
15. Check the box adjacent to the applicable crop and site restrictions.
16. Signature of the licensed pest control adviser or person acting in the capacity of a pest control adviser in accordance with the licensing exemption under Section 12001 of the California Food and Agriculture Code, the date the recommendation was made, and if applicable the adviser's license number. Also, include the name and address of the adviser's employer.

Map -Sketch the property or site to be treated and any surrounding hazards that are known to exist.